102		180		ของอุบุร	ordelia.			plication	or Do	ckél Numi	oer
PATENT A	PPLICATIO	N FEE DET	TERM	INATIC	N RECO	RD		4/2	74		
e length	TO SHA DISTANCES	ve Octobei				્રજ અસ્ત	148.42 48 148.535-4			A 200 E (10.40)	CT COPPI
	CLAIMS AS	FILED - P	AHI) (Colum	nn 2)	Ť	SMALL EN TYPE選仁		OR	OTHER SMALL'S	THAN 23
TAL CLAIMS	MAR LANGE	Ambar de	er est			·	RATE	FEE		PATE	FEE
R		NUMBER FI		NUMBE	RECTRA		BASIC FEE	500	OR	BASIC FEE	
TAL CHARGEA	BLE CLAIMS	12 minu	s 20=	•	. ·		X\$ 9≖		OR	X\$18=	
EPENDENT CL	AIMS	3 min	us 3 =	•			X40≃		OR	X80=	
	DENT CLAIM P	RESENT			G)		+135=	135	OR	+270=	
the difference	in column 1 is	less than zer	o, ente	r "0" in o	olumn 2		TOTAL	126	OR	TOTAL	
•.	LAIMS AS A	•				• '	,	Was !		OTHER	THAN
2004	(Column 1)	MEHDEO		mn 2)	(Column 3)		SMALL		OR	SMALL	
	REMAINING AFTER		HIGH NUN PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	AMENDMENT	Minge	7 7	1 C	3		X\$ 9=		OR	X\$18=	
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AFTER AMENDMENT PAID FOR Total Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=	
	EST AVA	II ARI F	CC	PY			TOTAL		OR	TOTAL ADDIT, FEE	
2014 BI					(Column 3	4	ADDIT. FEE			, ADDII. ÇEC	:
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	NTATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM		L	+135=		ОП	+270=	
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FIRST PRESI	ENTATION OF A	NULTIPLE DEF	PENDE	NT CLAIM		_	+135=		OR	+270=	
	44.2	Sha anto la sele	ma 6 e-	Ma 90° in w	dumo 3		TOTAL	ļ	₹ .	TOTAL	
If the entry in colu	umn 1 le less than	and supply to confi	mn 2, W	ME A SIG	m 20. enter "2	•	ADDIT FEE	l	OR	ADDIT, FEE	

gine Tighest Number Previously Paid For' IN THIS SPACE is less than 3, enter 3.

****If the Tilghest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box is colored.

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